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HAMILTON, BR 530 VIRGINIA RC P.O. BOX 9133	90 06/20/2006 ROOK, SMITH & RE DAD	EYNOLD	.C.	I hereby certify that the States Postal Service addressed to the Mai	Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.		
CONCORD, MA 0 09/01/2006 MWOLDGE2 00				Meredith	Murray	(Depositor's name)	
				M	my	(Signature)	
)1 FC:1501)2 FC:1504	1400.00 OP 300.00 OP			August	28,2006	(Date)	
APPLICATION NO.	FILING DATE OF	FIRST NAMED INV		IVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/631,213			Horace W. Furumoto		1498.1021-015	1428	
FITLE OF INVENTION: L	ASER SYSTEM AND MET	HOD FOR TREA	TMENT OF BIO	LOGIC TARGETS			
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400		\$300	\$1700	09/20/2006	
EXAMINER		ART UNIT		CLASS-SUBCLASS	7		
FARAH, AHMED M		3735		606-009000	_		
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is 3				
Number is required.			l	ne will be printed.			
	RESIDENCE DATA TO B				nee is identified below, the	document has been filed for	
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.							
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Cynosure, Inc. Westford, MA							
Please check the appropriate	assignee category or catego	ries (will not be pr	inted on the pate	nt): Individual XI C	Corporation or other private gr	oup entity Government	
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	(from status indicated above	-				277 1 27()(2)	
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Authorized Signature	King.	Stym		Date	125/16		
Typed or printed name	Kevin T. Si	naughnessy		Registration	No. 51,014	4	

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